## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number.

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OI			OTHER THAN	
TOTAL CLAIMS			ટા		:		ļ	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			وا minus 20=		. Y			X\$ 9=	36	OR	X\$18=	. ,,
INDEPENDENT CLAIMS			つ minus 3 =		0			X43=		OR	X86=	
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in colum						column 2		TOTAL	471	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY					
	1	CLAIMS		I HIGH			1 1	• • • • • • • • • • • • • • • • • • • •		7		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 57	Minus	" 1 <sup>L</sup>	1	- 33		X\$ 9=	297.00	OR	X\$18=	
AME	Independent	• 1 4	Minus	PENDENT		= 1/.		X43=	# PB. 00	OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL	teel	OR	TOTAL	
		/	ADDIT. FEE	9000	<b>.</b>	ADDIT. FEE						
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
8		CLAIMS REMAINING		NUMB		PRESENT			ADDI-			ADDI-
Ę		AFTER		PREVIO		EXTRA		RATE	TIONAL		RATE	TIONAL
¥		AMENDMENT		PAID F	OR ·		-		FEE			FEE
AMENDMENT B	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AM	Independent	dependent   Minus   ***  RST PRESENTATION OF MULTIPLE DEPENDENT (		CI AIRA	-		X43=		OR	X86=		
	THE PERSON OF MUCHICLE DEPENDENT CLAIM									OR	+290=	
								TOTAL		OR .	TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FEE L		•	ADDIT. FEE	
	`	CLAIMS			ST	1			400:	F	<del></del>	
AMENDMENT C		REMAINING AFTER AMENDMENT	·	NUMB PREVIOU PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIOIVAL
	Total	*	Minus	**	<u> </u>		ŀ	X\$ 9=			X\$18=	FEE
	Independent	*	Minus	***			┝			OR	X86=	
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						· L	X43=		OR	V90=	
+145= OR											+290=	}
•• H	the "Highest Nur	nn 1 is less than the nber Previously Pai	d For IN THIS	S SPACE is I	less than	20, enter "20."	Al	TOTAL DDIT. FEE	· .	OR A	TOTAL DDIT. FEE	
		mber Pr viously Pa ber Previously Paid					foun	d in the app	ropriate box	in colu	mn 1.	